

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539288

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	55		49			
TOTAL CLAIMS	56		50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
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59						
60	1		1			
61						
62						
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96						
97						
98						
99						
100						
TOTAL IND.	1		1			
TOTAL DEP.	50		49			
TOTAL CLAIMS	51		50			

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0				
102		0				
103		0				
104		0				
105		0				
106		0				
107		0				
108	1	0	1			
109		1		1		
110						
111		0				
112		0				
113		0				
114		0				
115	1	0	1			
116		0				
117		1		1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	15	←		←
TOTAL CLAIMS	17		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						